



Legacy Treatment Services  
Therapeutic Foster Care Program  
1289 Rt. 38 Suite 104  
Hainesport, NJ 08036

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**THERAPEUTIC FOSTER CARE PROVIDER APPLICATION**

**Basic Information**

Primary Caregiver: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Primary Language Spoken in the Home: \_\_\_\_\_

Secondary Language Spoken in the Home: \_\_\_\_\_

Religious Affiliation, if any: \_\_\_\_\_

Number of Bedrooms in the Home: \_\_\_\_\_ Floors: \_\_\_\_\_

Number of Adults Living in the Home: \_\_\_\_\_ Children: \_\_\_\_\_

Please describe why you think you and your family would be a good choice for caring of a child who could be emotionally disturbed and/or have behavioral issues.

Have you ever been studied as a caregiver, foster parent, or sponsor for any other program either in the past or present? If so, please provide the nature of the program, your length of service, specific age and population served, and your status.

Do you currently have any children in your home placed by DCP&P or other placing agency? If so, how many children and what agency?

**Employment History**

Is the Primary Caregiver employed? If so, please list the name and address of the employer and position..

Please describe your work hours and schedule:

Household's Primary Source of Income: \_\_\_\_\_

Would you be considering reimbursement for this child as a source of income? \_\_\_\_\_

Have you ever served in the military? If yes, please list the following: **Branch, Length of Service, and Type of Discharge**

Do you have experience working with children in a formal setting (i.e. daycare, religious education, after school programs, groups organizations, etc.)? If so, please provide the name of the setting and dates of service.

*Please list your most recent three employers. Only include those that occurred in the last three jobs.*

Company, Address, Phone Number	Supervisor/Contact	Dates of Employment	Position/Title held

Company, Address, Phone Number	Supervisor/Contact		Position/Title held
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If you haven't worked within 3 years please explain:

**Household Information**

What type of housing do you reside in?  
(i.e. apartment or house) \_\_\_\_\_

Do you rent or own? \_\_\_\_\_

Person Primarily Responsible for Bill Payments: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_ years and \_\_\_\_\_ months

*Please list any addresses you have had for the last five years.*

Address	Dates

*Please list any other adults living in the home.*

Name	Relationship	Date of Birth	Occupation

### **Marriage History**

#### **Current Marriage/Relationship**

Are you currently married? List name of spouse.

How do you and your spouse/partner resolve issues/disagreements?

#### **Previous Marriages (*Only applies for those ended in Divorce.*)**

Do you have children from resulting from a relationship or marriage from someone other than your current spouse/partner? If so, please list the name of each child, their date of birth, and where they are residing currently.

If the above children do not live with you, how do you keep in touch with them and provide support?

Do you have grandchildren that visit regularly?

Do they ever spend the night? If yes, where do they sleep?

### Single Applicants

Describe your dating habits for the last six months.

Does anyone ever spend the night?

How will this affect the life of the children placed with you?

### Applicants That Are Parents

How old were you when you had your first child? \_\_\_\_\_

What three things do you like most about being a parent?

1.

2.

3.

The most difficult part of being a parent is...

How do your children upset you the most and how do you handle it?

How do you discipline your children? Which methods work best?

Are you open to learning new methods of child-rearing?

What activities are your children involved in?

What is your after-school and/or before-school care plan?

**Children**

*Please list the children currently living in the home.*

Child's Name	Social Security Number	Date of Birth	School Grade or Occupation

*Please list children not residing in the home.*

Child's Name	Social Security Number	Date of Birth	School Grade or Occupation

**You as a Therapeutic Foster Care Home...**

Think about the people that will help you when you need childcare, advice, support, etc. Please tell us about them.

How will your relationship to other immediate and extended family members be affected with the placement of a child in your care?

How would you handle visits between the child and his/her parents?

Are you currently or have you ever parented a child that was not your birth child? If so, what was the relationship with that child and how long did you parent them for?

In what ways do you think this experience was like parenting a birth child?

In what ways was it different?



### **Medical History**

Do you have any physical and/or mental health limitations that could impact your abilities as a caregiver? If so, please describe.

Are you currently under a doctor's care? If so, please explain.

### **Family Background**

What family members are you still close to and how often do you speak with them?

What was the impact that your family had on you as a child and as an adult?

Who was your biggest influence in your life growing up and why?

What was the best part of being a child?

What were you usually disciplined for as a child?

How were you disciplined as a child?

What type of childhood would you like to provide for your own children as well as the ones placed in your care?

What do you feel you learned from your caregivers that would make you a good Therapeutic Foster Care Home?

**Applicant's Education**

What was the highest level of education you completed? \_\_\_\_\_

*Please fill in the name and address of the school you attended.*

School	Address
Grade School	
High School	
Trade School	
College Major: _____ # of Credits: _____	

How did you feel about school?

What value do you place on education?

What educational goals do you have for your children or children who may be placed with you?

How would homework be handled in your home?

Will you be willing to be actively involved in the education of a consumer by attending school meetings?

### General Information

Have you ever been convicted of a crime (s) either as an adult or a juvenile? *If yes, please explain the nature of the crime as well as the conviction date and disposition and explanation as to why this will not negatively impact the consumers in the home. Please indicate yes or no to this question.*

Has any one residing in your home been arrested or charged with a violation of the law? *If yes, please explain the nature of the crime as well as the conviction date and disposition and explanation as to why this will not negatively impact the consumers in the home.*

Have you or any member of your family ever been in foster care? *If yes, please explain.*

Have you or any member of your family and household ever had drug or alcohol related issues? *If yes, please explain.*

*Was treatment sought? If so where and what dates?*

Do you have any close friends or relatives who are foster parents or treatment home providers? If so for who?

Is your family an openly affectionate family?

If a consumer placed in your home is not openly affectionate with you would you feel offended?

Are you willing to commit to the care, welfare and treatment for a consumer whom you may not like?

How do you handle anger?

When a decision needs to be made in the family, who participates and how is a decision made?

How is a disagreement resolved in your home?

How often do you attend religious services each week?

What, if any, adjustments would you need to make if a child coming into your home has a religious preference that is not the same as your own?

Who is responsible for doing the housekeeping and chores in your household?

Who is responsible for laundry?

What kind of recreational activities do you and your family actively participate in?

How often do you eat out each week?

Describe a typical mealtime in your home.

Would you be offended if a consumer didn't like your cooking? How would you handle this?

Do you belong to any community groups, clubs, or organizations? If yes, please tell us a little about each one.

Do you have internet and email access in your home?

What is your supervision plan for the internet usage?

Have you had any other experiences that you think may impact your ability to be a caregiver? If yes, please describe.

Have you ever been investigated by the Division of Child Protection and Permanency (DCP&P), formerly DYFS? Please provide details of that experience.

Are there any weapons kept in your home? If so, please describe the purpose of the weapon and the plan for safeguarding it.

Do you agree to meet with the Therapeutic Foster Care staff, at your home, for 3 hours weekly and unannounced visits?

If no, explain why.

Do you agree to provide routine transportation to help meet the child's needs? Is there any reason why you would not be able to provide transportation on a daily basis?

What type of support do you think would be helpful as a Therapeutic Foster Care provider?

**Provider Preferences**

Male or Female: \_\_\_\_\_ Age Range: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Preferred Type of Placement:**

*Check all that apply*

\_\_\_\_ Therapeutic Beds (undetermined amount of time)

\_\_\_\_ Respite Care

\_\_\_\_ Long Term Care (more than 6 months)

\_\_\_\_ Short Term Care (less than 6 months)

\_\_\_\_ Emergency Bed

\_\_\_\_ Milestones

Please tell us anything else that we should know about you.

**References**

*Please list three people who know you well and can attest to your character, dependability, and ability to work with children. References must not be related to you and have known you for 1 yr.*

Name	Address	Relationship to You	Length of Relationship



**Application Requirements:**

*Please note that the same background check required for primary caregiver is also required for all adult members of your household.*

1. Primary caregiver and all adults designated as an additional alternate (supervisor of child) must also complete a provider application.
2. All adults in the home must submit a criminal background check and criminal disclosure statements.
3. All adults must submit a Child Abuse Information Consent form to the Therapeutic Foster Care Program.
4. All members of your household must get a physical health screening and a PPD test from your physician.
5. All adults who provide transportation must submit a copy of a current driver’s license, vehicle insurance identification card, and vehicle registration card.
6. Primary caregiver must submit a copy of Homeowner’s/Renter’s Insurance Policy.
7. Primary caregiver and all adults who provide transportation must submit a copy of Vehicle Insurance Policy in the amount of \$300,000/person and \$500,000/accident of Bodily Injury or Death.
8. Primary caregivers and alternates are required to participate in all orientation sessions prior to taking a child into your home.
9. You must submit to drug screening if requested.
10. Primary caregivers and alternates must submit three (3) written references from non-relatives attesting to your ability and experience working with children.

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.**

*I understand that this is an application for and not a commitment or promise of work as a caregiver. I certify that I have and will provide information throughout the selection process that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorable affect my application for a caregiver position. I understand that misrepresentations or omissions will be cause for my rejection as an applicant for a caregiver position with Therapeutic Foster Care Program at Legacy Treatment Services.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Conducting Home Study: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_